

Understanding the Strengths of Family, Friend, and Neighbor Care

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Introduction

Many families throughout the United States use family, friend, and neighbor (FFN) care.¹ Parents choose this type of care because it is affordable, local, flexible, and culturally congruent.² In addition, many FFN providers³ care for children from communities that have not had equitable access to opportunities, resources, and supports. This includes families of color affected by inequities, as well as families from immigrant backgrounds, families with low incomes working jobs with nontraditional hours, families living in areas of concentrated poverty, and families living in rural communities.⁴ FFN providers are essential members in the early childhood education (ECE) ecosystem, along with licensed, center-based and home-based care. They provide care that is valued by parents and fill gaps for care in locations with limited licensed ECE programs. However, FFN providers and the strengths and contributions they offer to families and children are often overlooked by policymakers and other stakeholders because they frequently operate outside of the public systems.

Home Grown contracted with Mathematica to conduct the Understanding the Strengths of Family, Friend, and Neighbor Child Care project to identify the strengths and limitations of FFN care and the needs of FFN providers. The study also aimed to inform considerations for future measures to assess FFN quality. The study team at Mathematica started by developing a conceptual framework that outlines the key characteristics of FFN care. Then, in consultation with Home Grown, we selected five key characteristics to focus this study on, which would contribute to our understanding of the strengths and challenges related to FFN care. We also recognized that the voices of FFN providers and families that use FFN care are often missing from conversations about policies and programs. Therefore, we focused on the lived experiences of providers and families in an effort to amplify providers' strengths, families' values and needs, and additional supports that FFN providers need.

In this report, we first introduce the conceptual framework and the key characteristics of FFN care. Then, we provide information about the study's background and data collection activities. The report then addresses each of the project's research questions by identifying themes in the data and using illustrative quotes and images from the case studies to support the findings. The report includes profiles of three FFN providers; the information we collected from providers and parents informed these profiles, and the stories of these three providers help demonstrate the findings of this study. The report concludes with a summary before it offers recommendations.

¹ National Survey of Early Care and Education Project Team 2016; Thomas et al. 2015

² Angus et al. 2021; Gordon et al. 2013; Porter et al. 2010; Thomas et al. 2017

³ We use the term "provider" in our project, but we recognize that some participants might not identify with that term.

⁴ Thomas et al. 2015; National Survey of Early Care and Education Project Team 2016

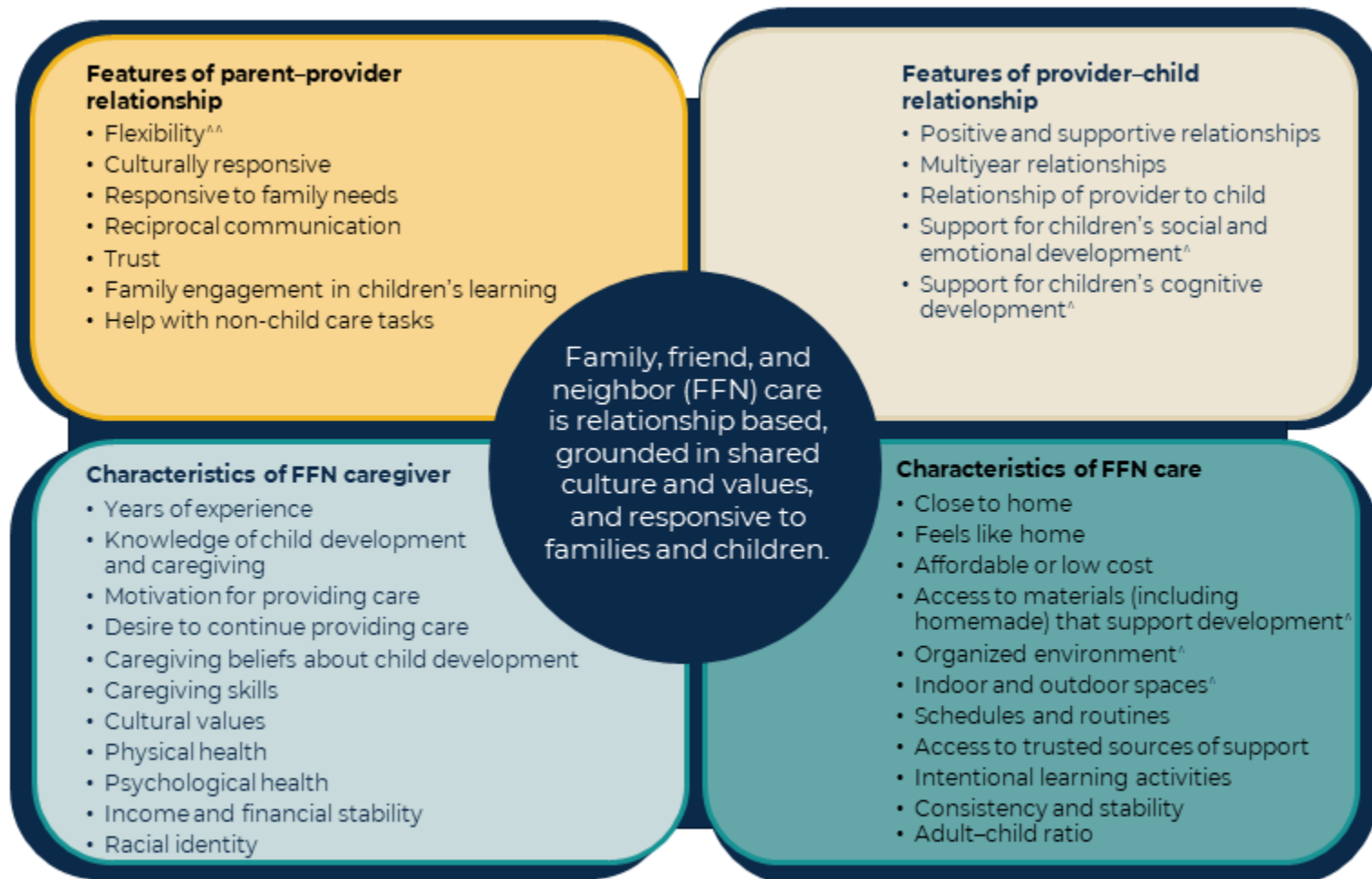
Conceptual framework

One of the first study activities was to develop and refine an evidence-based conceptual framework of the characteristics of FFN care. Drawing on prior work, we created a conceptual framework to represent the areas that contribute to FFN care quality, recognizing that quality FFN care is relationship based, grounded in the family's and provider's shared culture and values, and responsive to families and children. Exhibit 1 reflects our current conceptual framework. As illustrated, the characteristics of the FFN provider, characteristics of FFN care, features of the provider–child relationship, and features of the provider–parent relationships contribute to FFN quality.⁵ The framework also acknowledges the overarching influence of structural community characteristics and the caregiver's role in social processes on the success of FFN care. Home Grown identified five indicators of focus for the project's data collection and analysis. Three indicators focus on the parent–provider relationship—namely, the extent to which the relationship (1) fosters reciprocal communication with parents, (2) emphasizes trust, and (3) is responsive and relationship based. Two are indicators of FFN care—namely, the extent to which FFN care (4) offers consistency and stability and (5) feels like home.

⁵ The current conceptual framework draws on the conceptual framework developed from the Measuring Quality in Family, Friend, and Neighbor Settings project (Shah et al. 2019), the Quality of Caregiver-Child Interactions for Infants and Toddlers conceptual framework (Atkins-Burnett et al. 2015), the Conceptual Model for Quality in Home-Based Child Care (Blasberg et al. 2019), and the Quality in Home-Based Child Care literature review (Bromer et al. 2021).

Exhibit 1. Conceptual framework

Caregivers' role in community social processes: How residents in communities interact with one another; the presence of family or friends in the community; and the perception of the provider as a trusted leader, caregiver, or friend



Context of community structural characteristics: Labor market conditions; educational and employment opportunities; geographic location; community resources; presence of safe parks, libraries, and playgrounds; and neighborhood characteristics (quietness and perceived safety)

Key: [^] = correlational evidence for association with child outcomes in HBCC care (may not include FFN care)

^{^^} = correlational evidence with family outcomes in HBCC care (may not include FFN care)

Provider Profile: Nora and Shawna (neighbor and friend)⁶

Nora lived next door to Shawna, her childhood friend of 15 years. Recently, the two of them discussed a partnership that might help them both. Shawna needed child care for her four-year-old son, and Nora was willing to provide it. Nora was not a mother herself but had cared for her siblings' children and her families' children; however, this would be the first time she had cared for a child unrelated to her.

Nora cared for Shawna's son Julian three days a week on a variable schedule. Sometimes the care lasted eight hours; other times, it lasted a full 24 hours to accommodate Shawna's work schedule. During the day, Nora engaged with Julian in a variety of activities, including playing outside in parks, attending free local concerts, and visiting children's museums; at night, she kept a small daybed at her apartment for him to sleep.

Nora loved getting to watch Julian grow, and she treated him as though he were her own son. Julian was experiencing some developmental delays, and Nora knew how important it was to provide thoughtful and loving care to address his special needs. She also worked to connect Nora with resources to help his development. She wished her community provided more resources, whether trainings or information, regarding children with special needs.

Julian's mother, Shawna, anticipated that Nora would be part of her family's life for a long time. Shawna believed that Nora's role was like a family member who helped them raise Julian, and Shawna fully trusted Nora to care for Julian with safety and kindness. Shawna saw how calm and happy her child was with Nora and knew she had a strong and trusting relationship with Nora both as a child care provider and friend. Together, they were a team in raising Julian.

⁶ All names have been de-identified. The information presented in these profiles comes from the interviews, but we have taken some liberties to combine information from several interviews to create these profiles.

Background and overview of the study

Research questions and site selection

This study focused on identifying the strengths and limitations of FFN care, as well as the resources that FFN providers need in order to provide FFN care. Exhibit 2 provides the research questions that reflect the study goals.

Exhibit 2. Study research questions

1. What do FFN providers identify as the strengths of FFN care?
 2. What aspects of FFN care do parents value?
 3. What do parents and providers identify as challenges to offering FFN care? What are some additional features and supports desired by providers and parents to enhance FFN care?
-

To help us select two sites for the study, we examined four types of state policies related to FFN providers. These related to (1) whether the state offered subsidies for FFN care, (2) the training requirements for FFN providers (such as first aid and CPR training), (3) the health and safety requirements for FFN providers (such as home inspections or self-completed checklists) and, (4) the number of children permitted in a legally exempt setting. In partnership with Home Grown, we chose two site locations: Minnesota, which is a state with strict requirements, and New York, which has less restrictive training and health and safety requirements. Both states restrict the number of children legally-exempt providers can care for, but the geographic distinction (eastern and midwestern) enabled us to capture variation in families' and providers' experiences and perspectives. We also anticipated that these two sites would offer opportunities for engaging FFN providers who are racially, ethnically, and linguistically diverse.

Recruitment and data collection

Home Grown introduced us to four partners in New York and Minnesota who closely engage with FFN providers and families. We shared our project's selection criteria with partners,⁷ who then connected us with interested providers. Next, we approached these providers to share information about the study and confirm eligibility and interest. To recruit parents, we asked each provider to select one parent to participate in the study who had at least one child between birth and 5 years of age who received care from the provider. Our project participants consisted of 12 providers and eight parents (all women), resulting in eight provider–parent dyads.

It is important to mention two notes about the study sample. First, although the small sample size should be considered when interpreting findings, the project's size enabled us to dive into the lived experiences of those providing and receiving FFN care and amplify their voices. Second, because we recruited providers from organizations that were already involved with organizations that support FFN providers,

⁷ Provider selection criteria included FFN providers who (1) provide consistent and regular child care to children (that is, at least 20 hours a week during a typical work week), (2) care for children ages 0–5 (if some of the children in their care are older than age 5, then the majority of the children should be age 5 or younger), and (3) live and work in under-resourced communities, in which there are often a disproportionate number of people of color and a majority of families experiencing poverty. We did not collect information from the providers as to details about the communities in which they lived and worked.

the FFN providers participating in this study are likely more connected to resources and supports than typical FFN providers.

In Exhibit 3, we describe our data collection activities, and in Exhibit 4, we provide a snapshot of the characteristics of the parents and providers.

Exhibit 3. Data collection activities







To answer our research questions, Mathematica analyzed data from four sources:

- **Initial interviews with providers.** Mathematica interviewed 12 providers about their child care environment and activities, perceptions of characteristics that support quality care, and their relationships with children and families.
- **Interviews with parents who use FFN care.** We interviewed eight parents about the benefits of FFN care, qualities and characteristics of a provider that appeal to them, activities their children have access to through their child care provider, and their relationship with their provider.
- **Photo and audio submissions from providers about their child care practice using an online platform.** Following the initial interview, eight of 12 providers used a smartphone application, AskMe, to share photos and audio recordings in response to prompts about their experiences and challenges in providing care. Providers could submit images and reflections about the activities children enjoyed most and things the provider and children made together, among other topics.
- **Follow-up interviews with providers.** After the initial interview, we spoke with nine of the 12 providers to reflect on how they build trust and responsive relationships with children and families.

Interviews lasted about 60 minutes and were conducted in Spanish and English through videoconference and phone calls. We compensated participants for completing interviews and submitting images and audio files through the AskMe application.⁸

⁸ A professional service transcribed and translated (as needed) interviews verbatim. The Mathematica team reviewed transcripts for content and grammatical accuracy, then imported transcripts to NVivo for coding and analysis. We used a deductive approach to identify patterns and themes in the interview and AskMe data. Before completing interviews, Mathematica developed a codebook based on the interview protocol topics. To ensure consistency across coders, we coded two transcripts independently, then discussed and compared coding to reach agreement, clarify questions, and refine the codebook. Staff summarized data across codes and identified salient themes.

Exhibit 4. Provider and parent characteristics

Provider characteristics		Parent characteristics
Of the 12 providers who participated in our project:		Of the 8 parents who participated in our project:
67% were related to at least one of the children they cared for, mostly as grandmothers.		50% were the daughters of the providers. The rest were providers' friends or neighbors.
83% spoke a language other than English; 67% conducted the interview in Spanish and 33% in English.		88% spoke a language other than English; 63% did the interview in English and 38% in Spanish.
75% identified as Hispanic or Latina, 8% identified as Black or African American, 1 as biracial, and 1 as White.		63% identified as Hispanic or Latina, 25% as Black or African American and 13% as White.
58% were between the ages of 50 to 59.		88% were between the ages 30 to 39.
50% had completed some college or obtained a college degree.		75% had completed some college or obtained a college degree.
Child care experience		
Providers' experience caring for children in their home ranged from 3 months to 21 years. Median years of experience was 8.5.		
42% had worked in a child care or early education center.		

What do FFN providers identify as the key strengths of FFN care?

We addressed the first research question in two parts: (1) according to providers, what provider characteristics contribute to high-quality FFN care? and (2) according to providers, what are the strengths of high-quality FFN care?

A. According to providers, what provider characteristics contribute to high-quality FFN care?

The 12 study providers identified a list of eight attributes or skills they consider to be important strengths for offering high-quality child care.

Finding joy in engaging with children

Providers noted that to offer quality child care, providers need to find joy in their jobs. Providers also said that finding joy in caring for children is one of their key strengths. Interviewed providers shared that they are good at their job because they love it, and they fully commit to engaging with children.



“I engage myself in the activity ... if he’s in the playpen, I’m in the playpen too. This is the activity for the both of us. If he’s playing with whipped cream, I’m playing with whipped cream too. If we’re playing with bubbles and I’m blowing bubbles, he’s blowing bubbles ... I don’t let him do any activity alone.”

– Provider

Having patience

Providers noted that having patience is critical to providing high-quality child care, especially when caring for multiple children or children of varying ages.

Relying on prior experience and training

Providers said that although they are not licensed, having experience with children and training in safety and child development is important. Some had experience in child care centers, which they cited as a key strength. Similarly, even those without this training cited their multiple years of experience as key strengths.

Establishing routines

Providers described their ability to create and maintain routines with the children as a key strength; routines helped them structure the day and made the activities go more smoothly with the children.

Fostering honesty and good communication

Providers noted that in order to offer high-quality child care, a provider needed to be honest and communicate with families. One provider shared that the “key to having a good relationship is having honest communication.” Providers said that their honesty and respect when working with families was their strong suit.



“Well, when you like working with children, everything comes ... more natural. And when you like your job, well, you don’t feel it’s like work.”

– Provider

Being mindful and observant

Providers shared that being aware of the children, whether that’s monitoring during activities or attending to the child’s behavior and development, was a strength of their care.

Offering flexibility

Providers said their flexible schedule (that enabled them to help with pickups, drop-offs, and errands) made them a critical help in families' lives and should be a characteristic of FFN providers.

Being open-minded

Moreover, a few of the FFN providers added that being empathetic and open-minded supported relationships with children and parents.

It was not clear whether it was important to the provider if the provider's racial, ethnic and cultural background matched the child's. Of the nine providers that commented on this issue, one-third noted it was very important; the remaining providers did not feel it was important or were indifferent.



"Well, I do everything possible so that the children receive a good service. Right? Because in the end, children are not only the future of tomorrow, but of today, too. Right now the children may be going through different situations and when they come here to my house, for some it's their salvation, right? For some, it's being in a healthy environment. [Being an FFN] fills me with happiness. [I am] able to help other families."

– Provider

B. According to providers, what are the strengths of high-quality FFN care?

In naming the strengths of FFN care, providers indicated that it fosters reciprocal communication with parents, emphasizes trust, is responsive and relationship based, offers consistency and stability, and creates a sense of home.

FFN care fosters reciprocal communication with parents.

In all child care settings, establishing a respectful provider–parent relationship is important. This requires effective and reciprocal communication. Communicating frequently and regularly about child development and learning as well as day-to-day activities enables providers and families to form respectful partnerships.⁹

Providers described frequent communication with parents as a hallmark of the care they provide.

Most providers reported connecting with parents multiple times during the day. A few providers



"Normally [communication with the parents] is daily, and sometimes the mother calls me. But most parents are always worrying about how their kids are doing."

– Provider

described sending text messages with photos or videos to parents during the day. One provider said she offers the child's parents a daily report of the children's schedule and activities.

Communication between parents and providers was largely informal (without a contract or at a predetermined time or meeting).

Some providers said they did not receive formal instructions for providing care.

Others explained that although there generally wasn't an exchange of daily instructions, parents sometimes shared specific details (such as how to care for a child with asthma or information on the child's sleep schedule) and authorizations (such as permission to go to the park or do certain activities). However, some conversations with parents were more formal or intentional. One provider said that at the

⁹ Swartz and Easterbrooks 2014

beginning of caring for a child who is new to her, she holds a trial period during which parents can watch her care for their child (without interfering) to see what her care would be like.

Providers offered that frequent communication with parents about their child(ren)’s development and behavior is part of providing supportive child care.

During these conversations, they might discuss the child’s eating habits, sleep patterns, unusual or problematic behaviors, or developmental milestones.

During these conversations, a provider might share a solution or next step, whether formal (such as suggesting an evaluation or therapy visit for the child) or informal (such as encouraging the parents to continue to monitor or contribute to a specific educational challenge).



“At morning drop-off, I usually talk to each parent kind of individually about how the child’s night went—if they had issues or they didn’t sleep well, if they need an early nap, those types of things. And if we need any communication during the day, it’s usually text message so they’re able to answer it when they can look at their phone at work or during a break. If it’s an emergency, then I call and they know if I’m calling, they better answer.”

– Provider

FFN care emphasizes trust among parents and providers.

Prior research suggests parents choose FFN care, in part, because they trust the providers.¹⁰ Trust is also a key factor in families’ descriptions of high-quality child care.¹¹

Providers described having a trusting, supportive relationship with the parents and children in their care. In our sample of 12 providers, more than half were related to the children they cared for. Others had long-standing relationships with the parents of the children



“If you enjoy this job as much as you do, ... you treat these children like you would treat your own.”

– Provider



“I am happy with the relationship I have with the parents because they are happy. The parents, just like the kids, are happy when they arrive and leave happy, as well. I think it is important for the parents to know that they are leaving their kids in a good place, and they come pick the kids up feeling happy as well. This helps me with the relationships I have with kids; it is cordial.”

– Provider

in their care. Yet others cared for children that were new to them. For providers who fell under the “friend” category of FFN care, some said they were essentially family, given the close relationship they had with the family and children; they were “kin” and “truly friends.” Other providers described strategies they used to build trust with families. One provider mentioned the importance of establishing parental trust. One way she built trust with the family is to allow for a time of observation during which the parents can watch her care for their child to see what her care would be like before deciding if it is a good match. Another provider established trust with parents by inviting them to ask questions and see the environment where she cares for the children.

¹⁰ Thomas et al. 2015; Satkowski et al. 2016

¹¹ Sandstorm et al. 2018

Providers described strategies they used to build trust with children. One provider said how important it was to make eye contact with children and meet them at their eye level. Several spoke about establishing warm relationships through showing affection. Other providers noted that feeding time, especially of infants, was a time to hold and cuddle the children and reassure them that they are well cared for. A few providers also used the word “respect,” especially of toddlers and preschool-age children, to describe the relationship between themselves and the children, noting how they are loving and caring toward the children while also helping them learn through challenges and mistakes.

FFN care is responsive and relationship based.

Through their relationships with adults, infants and toddlers learn about how to interact with the world. Relationships with parents and their caregivers help children gain the skills they need to develop their social and emotional lives. When providers commit to developing young children’s development through responsive, relationship-based caregiving, they support a child’s growth. Responsive provider–child interactions across many early childhood education settings are associated with children’s social emotional, language, and cognitive outcomes.¹² Mathematica staff asked providers to name some examples of when they responded to infants and toddlers quickly, and to think about how they helped children regulate their emotions. Providers answered with various situations in which they worked to be responsive to children and talked about the strategies they used to foster a relationship in which a child feels heard and valued.

FFN providers described how they respond to children’s emotional needs.

Providers offered examples of how they responded to children in their

“I form a relationship with the kids by meeting them at eye level and holding their hand to make them feel calm. Sometimes by simply talking with them, providing them with the care and protection they need to feel safe with someone they know.”

– Provider

“I always form connections with the children, like when we greet each other and express our care for each other, the care they have for me. We form bonds by hugging one another, doing activities together, eating breakfast, reading, or drawing. The bond I create with the children is mutual. They know they are with [me]; they see [me] every day. The kids feel safe when we do activities or when they are eating because I teach them ... and I think that creates a bond with the kids.”

– Provider

“I try to speak to them in calm voice, that’s why they love to be around me. If they do something wrong, I am not just going to try and [say] ‘Hey you, this you did is wrong.’ I am going to encourage them and [offer suggestions] ... I always like to make their self-esteem high, not to lower it. I always make them to know that they are somebody. So not by yelling, screaming at them. That is how we communicate, me and them. I talk to them nicely, with calm voice.”

– Provider

care, especially when the children were trying to regulate their emotions. These strategies, which varied by the age of the child, were often physical: holding or bouncing the child, patting their back, or singing and dancing to distract them. Most providers described speaking calmly and encouragingly when children expressed needs. Providers also said they gave young children feedback in a calm voice. As noted in the text box, one provider believed speaking in a calm voice was essential to build a child’s self-esteem. Another provider was verbally responsive to children’s needs, asking “Are you okay?” or “Can I help?”

¹² Blasberg et al. 2019; Halle et al. 2011; Werner et al. 2016

She noticed the children responded well to her prompts, whether they were hurt, frustrated, or sad, so she engaged with and talked to them to make them feel better. A few providers used the word “observing” as the main way they sought to best understand what a young child wanted or needed. Another provider used breathing exercises as a strategy to help soothe children.



FFN providers described offering individualized activities to children that aimed to be responsive to their interests. Study providers cared for four children, on average. Providers noted that the small number of children fostered their ability to offer individualized learning. Providers guided children through activities such as mat or floor time, gardening, reading, making arts and crafts (as shown in the images), dancing and singing to music, doing puzzles, and playing with other toys. FFN providers spoke about spending more time on activities that children particularly enjoy. Providers also described making the children feel comfortable in their home by offering the same blankets or toys as the children have at home.

The text box and corresponding image shows one way a provider supported a child’s interests. As another example, one provider specifically incorporated activities related to the child and family’s religion by talking about the Bible and using Bible stories. FFN providers shared that they can customize their activities with children based on the children’s and families’ preferences or wishes.

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“[Child] loves to draw. He is 4 years old. He really, really enjoys drawing, anything he sees he wants to just draw a picture on it. If I say no to him, not to draw, he is not going to be in a good mood, and I want him to feel happy. I always give him the chance to draw.”

– Provider



FFN providers offer consistency and stability.

Consistent, dependable relationships are the foundation of a child’s attachment to adults. FFN care can enable the same provider to care for the same child over many years, which might promote a close and secure bond between provider and child. Although little is known about FFN care and the effects of long-term child care on children, the parenting research notes that parenting over the course of a child’s life has greater effects on children’s outcomes than parenting behavior at a single point in a child’s development.¹³ Children might find it disruptive when multiple providers care for them in changing child care settings. The providers we spoke with described how long they have provided care to the children they cared for and how long they have provided child care to families in their community. The project also explored providers’ perspectives on creating and establishing routines. Research suggests that

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“I took care of a girl for about six years. Now she’s a young 16-year-old lady. She sees me and talks to me and greets me, because her mother tells her, “She was the lady that took care of you when you were little.”

– Provider

¹³ Longo et al. 2017

children feel more confident and secure when their activities are predictable. A routine enables children to feel safe, secure, and comfortable.¹⁴

Providers offer consistent care to the children they care for. The providers' experiences caring for children in their home ranged from 3 months to 21 years. The median years of experience was 8.5 years. Of the providers we spoke with, three of 12 had been providing care for more than 20 years, and five providers had been providing care for nearly or more than 10 years. Four providers in our sample were newer to FFN care, having worked for less than a year to two years as an FFN provider. We also explored the longest time a provider had provided child care to a child. Although the time span varied from less than a year to 14 years, the average longest time that providers cared for the same child was five years.

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"Every time we go [out], we put on our shoes. Even though they are young, they have learned to put their shoes on successfully. For the kids it is a bit more complicated because they are accustomed to someone putting their shoes on for them, but when they achieve it, it is something exciting for them. This is good for them because they are very active in everything, even in dressing themselves. The kids enjoy putting on their shoes because they recognize it as something we need to do before we go out to play."

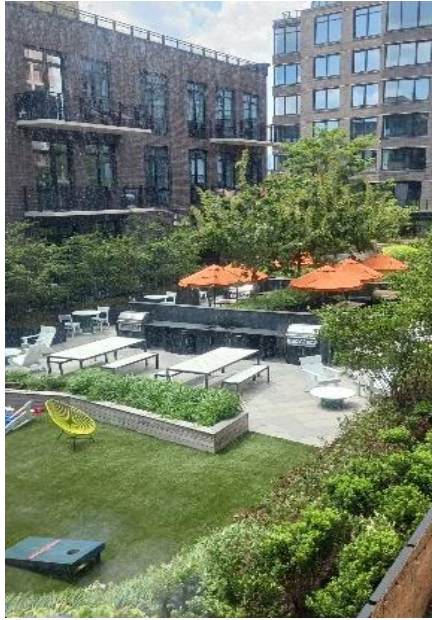
– Provider

FFN providers mentioned the importance of establishing routines. Nearly all the providers described the routines they created with children. These included welcoming children, establishing handwashing before meals, play time, and outdoor play, among many others. Some providers emphasized the importance of a routine: it kept the day running smoothly and helped children feel comfortable and learn what to expect. These routines helped children feel a sense of consistency in their care. Many providers added that although routines were important, so was adding a new activity or fresh perspective from time to time. Providers noted it was important to be flexible to respond to children's interest or efforts to try new things.

¹⁴ Hemmeter et al. 2006

FFN care creates a sense of home.

FFN care by definition is home based. FFN providers offer child care at their home or in the home of the child. Blasberg and colleagues hypothesized in their conceptual model of quality in home-based child care (2019) that the family-like characteristics of home-based child care settings might reflect children's experiences in their own homes, perhaps easing the home-to-child care transition for children. For this study, we sought to explore providers' thoughts about providing child care at home.



Providers crafted dedicated spaces for children.

All the interviewed FFN providers cared for the children in their own home the majority of the time they provided child care. The spaces might have

looked different, but providers said the children often had a space that was uniquely their own where they could keep and easily access their personal belongings, toys, and food. Some providers

used particular rooms or areas (such as the dining room or the basement, as shown in this image) for child care. One provider explained: "I closed off my living room and converted it into a child-safe space for them. Instead of having couches, I had chalkboards and an area for them to be in." Others gave children access to the entire home. Some providers described designated items or tools within their setting, such as a special table for the children that is child-sized, an activity box for each child to use, or a handwashing station built for children. Other providers, who cared for fewer children, described storing the children's equipment, such as a pack and play or play mats, at their home.

Providers worked to ensure that their homes were safe and clean, and offered space for children to comfortably play and rest. Providers emphasized that they tried to create space that was clean and safe. One provider said, "I like that it's always clean. And I have taught the girls that if they eat chips, candy, a bagel, they go straight to the trash. Even the 2-year-old. They know how to keep their space clean. If they play, they pick up their toys and leave it all organized for me." Providers also described these spaces as safe and comfortable; children had space to play and move, and providers had also intentionally removed obstacles or dangerous items (for example, covering electrical outlets). One



They enjoy this space because it is an open space. They can run all over this space; they have more toys and have more activities to choose from.... They enjoy it, and I do, too. I learn from them, and they learn from each other."

– Provider

provider said, “I made them a space in the basement for my child care because it’s safe and because they’re not running and playing around the table, a television, a table that could fall on them, or in the kitchen where they could get hurt.”

Throughout providers’ responses, they emphasized the child’s comfort—that is, providers were pleased with the location of care because the children were happy and comfortable in these spaces. One provider explained that she liked caring for the children in her living room because in that space the children felt as if they were at their own home. They could move about casually and freely in this space, like it was a “natural habitat” for the child.



Providers used their own backyards or shared outdoor spaces as an extension of their home to enable children to play outside. For some, outdoor space was accessible at their own home. Some providers had backyards or porches at their homes; one provider who lived in a city used her apartment building’s outdoor space as an area for the children to exert their energy and enjoy some sun. Other providers used local playgrounds and parks to get fresh air with the children.

Multiple providers noted how these parks were within walking distance, and, if the weather was nice, they walked over multiple times a week. Providers said that the children enjoyed outdoor spaces, whether the spaces were part of the provider’s home or a short walk away.

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“We go to the park that is close to my house to play. They love to go play, to have fun on the slides, swings, and various other games. The easiest thing is getting there, though sometimes the kids do not want to leave... it is easy getting there, but very hard to come back home! They get excited when they know we’re going to the park.” – Provider

What aspects of FFN care do parents value?

Parents said they appreciated that FFNs offer flexible, culturally responsive, affordable care that feels like home. They also valued that FFN care supports children’s development and offers stable, long-term relationships for their children. Finally, they indicated that they appreciate FFN providers’ help with non-child care tasks.

FFN care offers flexible, culturally responsive, affordable child care that feels like home.

We asked parents to explain their reasons for choosing FFN care. In response, parents noted that FFN care is flexible, culturally responsive, and affordable, and it feels like their children are being cared for at home.

Most parents highlighted the flexibility that FFN care allows them. Many of the working mothers

“She [FFN provider] is really accessible with work. In a lot of places, you can’t find the flexibility she gives you.”

– Parent

noted that FFN providers offer them flexibility. When parents work late, need to start work early, or have irregular hours, flexible child care becomes important. Some parents mentioned that FFN providers are also convenient and accessible. Families we interviewed sometimes worked nontraditional hours, and FFN care allowed them to have their child care needs met.

Parents said it was important for an FFN provider to share their

cultural background. When asked about what strengths and skills were important in offering quality child care, many mothers noted that it was important that the provider speak a shared language and/or offer meals that reflected a shared culture. Parents reported

wanting their children to “not forget where they come from” and “learn everything that I learned when I was growing up.” Of the Spanish-speaking parents, most highlighted how important it was for their children to use Spanish and learn Latin culture while in child care. For the families in our sample who spoke English at home, culturally responsive care wasn’t a major concern,

especially when contrasted with the provider’s knowledge of safety topics; but for families who spoke Spanish, cultural responsiveness was an important factor in deciding to use FFN care.

“It’s very important because they need to learn what Latin culture is and also learn the language. Basically, not forget where they come from.”

– Spanish-speaking parent

FFN care is affordable for families. All parents paid providers by using cash, using a state child care subsidy, or providing groceries or other supplies to the provider. Parents also asserted that FFN care was much more reasonable compared with what they would spend in a licensed setting. Most parents described their provider as affordable and “reasonably priced,” and two of the mothers specifically noted that FFN was much more affordable than center-based care. One other mother highlighted the accessible pay schedule her provider offered that enabled her to pay only for the days her child was in care, instead of a fixed monthly or weekly amount.

“Honestly, because other places, for example, like centers, are too expensive ... and sometimes that amount is very difficult for you, having to pay so much, because you’re low income.”

– Parent

FFN care feels like home. We asked parents to describe the places where children spend time while they are in FFN care. Parents cited how personalized the child care spaces were and described providers' homes as "family-friendly." Most parents described dedicated spaces in their providers' homes where the children could run around, play, sleep, and eat. A few parents described providers having mattresses, cubbies, and toys for the children. The size of the child care spaces, described as small by two parents, were welcoming and warm.

“She does laundry for sure. I think the kids, like half of the kids' wardrobe is probably at her house. She washes it, piles it up, and then I bring it back home.”

– Parent

FFN providers support children's development.

When describing the role that the provider played in their lives, parents noted that providers helped raise children, establish predictable routines, and support children's development.

FFN providers played a key role in raising children. A little more than half of the providers in the study were related to the children in their care, and there might be some inherent trust when children receive care from relatives. Even when parents are not related to their provider, parents described FFN providers as a "teacher," "god-sister," "angel," and "a second mother." Parents cited examples of FFN providers providing child care when children were ill, when families needed flexibility, or when challenges arose that made parenting difficult.

Parents noted that establishing routines was an indicator of quality child care. Most parents expressed how important it was that their children have an established child care routine. Several of the parents asserted that keeping schedules but including varied activities throughout the day was an important marker of quality child care. One noted, "Routines are very important! I don't want my child to watch TV all day. It is great that she takes them on trips to the library, going on walks, and have a little schedule."

“It takes a village to raise kids, right? She helps raise them. And then they do like a ... preschool curriculum so she helps teach them too, I'd say.”
– Parent

FFN providers' knowledge and experience support children's development. Many parents reported looking to providers for advice on child development, discipline, nutrition, and other aspects of child care. Parents described brainstorming solutions to behavior challenges, toilet training, developmental delays, feeding issues, and physical milestones. One mother noted that she frequently brainstormed solutions related to speech development. Parents and providers in our sample reported advocating in school settings for their children with special needs or children with language barriers.

With their FFN provider, parents discussed doctor's appointments, progress made, activities the parents could do at home, and how best to advocate for their child. In addition to these examples, a few mothers said providers were like "parents" who offered moral support and advice in raising their children. One parent summed it up well when she said her provider "basically knows everything."

FFN care offers stability to families and fosters long-term relationships.

We did not ask parents to comment specifically on the stability or consistency of the child care offered to their families, but parents noted that FFN providers offered consistent care to their families for a long time.

Parents opted to have FFN providers care for their children for multiple years. In the study’s interviews with mothers, the longest time a provider had offered care to a family was 14 years, which included the care of several children. The shortest length of time was nine months. On average, families had used the providers for an average of eight years. Some parents discussed choosing the provider again for multiple children—both when parents were not related to the provider and when they were related. The consistency families experienced when using one provider for an extended period developed a lot of trust in providers and their knowledge. Families valued the consistency and stability that FFN care could provide. As an indicator of this stability, all the parents also highlighted the “very loving” and trusting relationships between FFN providers and the children they cared for.

Parents described the strong, trust-based relationship they had with providers. Most parents used the word “trust” when describing their relationship with the provider. In our sample of eight parents, five were biologically related to the providers. Parents trusted the women they grew up with or were raised by to care for their own children. Even when parents were not related to the providers, trusting the provider was a key theme, and parents in our sample highlighted their “special” and “very close” relationships with their providers. Most parents reported speaking with their provider daily to receive updates on their children’s day or to see if there was any way they could help their providers throughout the day. The frequent communication between parents and providers helped parents feel confident in and comfortable with their child care.

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“My most important thing is my kids being taken care of, and they trust her, they play with her, and they pretty much do everything with her ... So, why not? I don’t trust [other] people taking care of my kids, to be honest.”

– Parent

FFN providers help families with non-child care tasks.

Parents also valued that providers helped with non-child care tasks. Participants in the study all struggled with the challenges associated with earning a low income. Parents often worked long hours at physically demanding jobs that made it challenging to find time to work, be with their children, and attend to household demands.

Parents valued that FFN providers sometimes offered families supports beyond child care. A unique component of FFN care is that providers might take on roles or responsibilities beyond the care of children. Most parents described providers assisting with laundry, cleaning, cooking for the family, taking children to appointments, or serving as a resource or point of contact for families looking for additional help. Parents described these non-child care tasks as incredibly helpful. Doing laundry for families (which three families mentioned), for example, not only saved families time but also saved families money because the costs associated with detergent were assumed by the providers. Providers interviewed also spoke about the role they played in helping families with non-child care tasks. One provider noted, “[Child’s] mother is eight months pregnant ... she doesn’t necessarily have the time to always fulfill all household activities. So, I try to support her everywhere I can.... It’s helpful because [laundry] is probably the most demanding task in her house.... I just try to help whenever I can.”





FFN providers offered nutritious, often culturally responsive, meals to children and families. Meals are important. Almost all

parents asserted that meal quality during children’s care was important to them. They noted that it was important that the providers listened to their desires about what to feed their young children and that the children were offered healthy options. A few parents also described ways the FFN provider went above and beyond by cooking not only for their children but also for the families, allowing parents

more time to eat with their children. Studies show that eating together can improve parent–child relationships and offer children a sense of stability and connectedness.¹⁵ The image and associated text box submitted by a provider is an example of the meals she cooks that are aligned with children’s culture. Parents valued this high level of care.



“This picture represents the food ... I cook for the parents. ... They don’t have time to cook. I enjoy [cooking] because most of the kids, they are African kids—they love eating African food, too. And when their parent asks and I cook it for them, they take it home to eat it until they finish.”

– Provider



“Sometimes my schedules switch, and then sometimes I would ask her to cook for me. But she would do it. [Without the meals she makes] by the time I get [home, it is often late and] the kids don’t even want to eat no more, when we get home.”

– Parent

¹⁵ Lingan 2016

What do parents and providers identify as challenges to offering FFN care? What are some additional features and supports desired by providers and parents to enhance FFN care?

A. What are the challenges related to providing quality FFN care?

Parents did not mention many challenges, but this section presents the difficulties they did mention, as well as the challenges noted by providers themselves. Providers said challenges arose when parents and providers had differing child care approaches. Providers also discussed challenges related to setting and establishing boundaries. Lastly, the physical demands of being a child care provider were challenging for some providers.

Differences in caregiving approaches can sometimes stress the parent–provider relationship.

Conflict can place stress and tension on relationships.¹⁶ Parents and providers, whether or not they were related, noted that determining what is best for a child is not always clear which can create tension in the parent-provider relationship. They also noted that setting healthy boundaries can be challenging.

Parents and providers sometimes disagreed about what was best for a child.

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“Sometimes it’s difficult when you give information to the parents. It’s difficult for them to accept that their child needs extra help, or that they have a condition. It takes them a while for them to process what you tell them.”

– Provider

FFN providers in our study spent a lot of time with the children in their care and saw children’s natural development over time. A few providers we interviewed noted that sometimes they observed behavior in children that caused them concern. When there was a perceived delay or potential concern, providers discussed these concerns with the parents. Providers mentioned that parents were not always receptive to providers’ suggestions to seek professional services for children, such as a speech therapist or physical therapist. A few providers shared that parents might not want to accept that their child might need help. This was challenging for providers. One provider said that even when parents were receptive

to support, she did not feel equipped to support parents and children in addressing developmental issues and sought additional resources.

Setting boundaries can be challenging. The relationship between some parents and providers was so close and based on trust that providers felt as if the children in their care were their own.

However, parents and providers did set boundaries. Some providers noted that they struggled to navigate the provider–parent boundary. Negotiating differing viewpoints, such as those related to discipline, food preferences, amount of screen time, and other areas of child care, could challenge the

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“I think [the child] needs therapy because ... she hardly speaks. I tell [the mother], ‘You have to take her to therapy, make an appointment or do something, because for her age, she is [delayed].’ [But the mom resists]. That’s where we’re at now ... she still hasn’t taken her.”

– Provider

provider–parent relationship. This was especially true when making suggestions based on best practices that parents disagreed with. One provider said it was challenging when parents did not follow her guidance, listen to her suggestions, or reinforce behaviors at home.

¹⁶ Laursen and Hafen 2011

Providing FFN care can be demanding and stressful.

Providers noted that providing care to young children can be demanding because of the physical and mental requirements, and stressful because of others' perceptions about unlicensed providers.

Providers said FFN care can be demanding and exhausting.

Although providers approached their work with energy and enthusiasm, a few shared that caring for young children was physically demanding. It was hard work that required stamina and patience. A few providers also mentioned that navigating children's behavior and developmental conditions, such as speech delays, was challenging. Three providers noted that attending to the needs of multiple children at varying ages required creativity and flexibility, which could sometimes be in short supply. A few providers struggled with communicating with a child with developmental disabilities;

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"Many times, we get scared. Or, at least I [will speak] for myself. I'm afraid that they might think that I do something illegal and that I don't have a license."

– Provider

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"The hardest part of being a child care provider is knowing when to not overstep your boundaries. Sometimes you make suggestions to the family, and sometimes the family [does] not consider the suggestion. Although we aren't in a daycare setting, I have certain guidelines, rules, [and] regulations that I have to follow. So when I get a parent that [doesn't] help me follow the things that I need to do in order to keep securing a safe space and environment for their child, it makes [it] a little difficult."

– Provider

another cited her main struggle as calming the children down when they were tired and fighting sleep.

Being an unlicensed provider could be a source of personal stress.

A few providers in the study noted that being an unlicensed child care provider was personally stressful. Although they both felt confident in their child care practice and education, for these providers, being unlicensed was a source of worry, especially when trying to gain trust from parents.

B. According to providers and parents, what additional training and supports would enhance FFN care?

As noted in the introduction, providers in the study were well connected to outside organizations that linked them to other FFN providers and resources. Nonetheless, providers identified trainings, resources, and other opportunities that they felt would be beneficial. Parents and providers said they would like to be able to enhance child care activities. Providers also identified the need for low-cost and accessible trainings and supports.

Parents and providers alike sought to enhance child care activities.

Overall, parents noted few challenges related to the quality of the care offered by the FFN provider. A few parents, however, said they wished for some improvements in the types of activities offered to their children. These parents suggested reduced screen time while the child was with the provider and suggested the provider explore a new creative activity with the child. Providers also expressed a desire to enhance the activities offered to the children. Some providers mentioned wanting to spend more time outdoors and wanting to take children to places that were farther away, respectively. However, these providers identified dangerous conditions (for example, exposure to smoke outside) and lack of private transportation as barriers to doing these activities. Other providers expressed interest in doing sand games with children, building a small garden in their home, and taking children to water parks. One provider was particularly interested in formally teaching parents about child nutrition.

Providers identified trainings and resources they would like to access.

The providers in this study, in general, were connected to other FFN early childhood education resources because they were associated with nonprofit organizations that aim to support FFN providers. That said, many of the providers expressed a desire to access additional resources and supports. They expressed interest in trainings or resources to learn baby sign language, enhance a child's gross and fine motor skills, care for children with special needs or on the autism spectrum, help address developmental issues, identify activities appropriate for each age group, and implement other child care approaches such as Montessori or Reggio Emilia. One provider also mentioned the importance of obtaining low-cost educational materials for children.

Providers emphasized that training and supports need to be accessible and low cost.

A few providers mentioned that in order to enhance the care they provide, they would like to participate in courses such as CPR or further their education through coursework that would lead to obtaining their Child Development Associate (CDA) credential. However, these providers noted a tension between working to enhance the quality of the care, and the expense and time related to taking part in such trainings. One provider we interviewed had attempted to pursue her CDA. However, pursuing her CDA meant that she did not have time care for children. This was not financially feasible for her. Although providers sought to enhance the care they offered to children, they faced real challenges to completing and accessing trainings.

Provider Profile: Brenda and Cynthia (mother and daughter)¹⁷

As a first-time mom, it was easy for Cynthia to choose her mother Brenda to care for her now 1-year-old son. She didn't trust many people, but she wholly trusted that her mom was the best person to make her son feel comfortable and safe, teach him what he needed to know to thrive, and give him her full attention in an intimate space.

Brenda, who cared for her grandson and two other children, prided herself in providing care that was responsive to each child's needs. For her, it was important for a child to see her as the closest thing to a parent. It's no surprise then, that she considered herself a second mom to the children she cared for, and she hoped children saw her that way. According to Cynthia, her mother became her son's favorite person. In turn, Brenda felt energized by the love her grandson had for her and how much fun they had together. As a grandmother, it was hard for Brenda not to spoil her grandchild, so she and Cynthia worked to set boundaries with the child while making sure he was having a fun child care experience. Cynthia also appreciated how flexible Brenda was because she accommodated her unpredictable work schedule. Cynthia was confident that her mom knew what she was doing, as Brenda was equipped with years of experience raising children.

Brenda was a mentor to Cynthia, helping her develop a positive relationship with her son and support his growth. When Cynthia noticed that her son had trouble crawling and sitting, Brenda reassured her that her child had a unique learning pace, over time helping him improve his physical strength.

Brenda loved working with children and appreciated that she could do it from the comfort of her home. Brenda planned on providing care for a long time, looking out for her grandson with the exceptional love and care of a grandmother.

¹⁷ All names have been de-identified. The information presented in these profiles comes from the interviews, but we have taken some liberties to combine information from several interviews to create these profiles.

What are the considerations for practice, policy, and research that emerge from these findings?

This section first describes a brief summary of information gleaned from this study, and then offers recommendations to those tasked with developing policy and programs to support FFN providers. The study examined five specific features of the conceptual framework in an effort to understand how these aspects contribute to quality FFN child care. The study, which centered the lived experiences of providers and parents, resulted in several key findings:

- FFN care is an active, deliberate first choice of child care for many families.
- FFN care providers are passionate about the care they provide to children and they desire to offer children and families high quality care.
- Parents and providers highlighted the importance of having trusting relationships.
- Providers create a sense of home which parents value and appreciate.
- Providers support children's development by being responsive to children's situational and emotional needs and providing individualized activities to children.
- Frequent and informal reciprocal communication between parents and providers was viewed as an important aspect of FFN care.
- Providers offered consistent, regular care to children which offers stability to families.
- FFN providers offer families help with non-child care tasks which facilitates working families' ability to care for their families' household needs.
- FFN providers seek additional resources and trainings to enhance their care.

The Mathematica team held a series of conversations to review the findings from the study and develop a series of recommendations. Specifically, we conducted engagements with state and local administrators, federal agencies, national organizations, research firms as well as parents and providers interviewed for this project. Based on these engagements, we developed the following recommendations:

- **Increase the visibility of FFN providers and spread awareness that FFN care can be high quality.** As FFN providers are unlicensed and often work outside of state and local regulatory systems, it could be beneficial to make the public and legislators aware of their existence and role in meeting the child care needs of families. There is also a need to raise awareness among state administrators and policy makers that high quality ECE occurs in FFN settings even if the setting does not receive state or federal funding.
- **Include the voices of parents, including those who choose FFN care, in discussions about definitions of quality child care.** Given that parents who choose FFN care appreciate and value the unique aspects FFN care offers, discussions of policies and programs about quality child care should include parent voice. For example, parents in this study appreciated that FFN care provides a home-like atmosphere for children and considered FFN care to be more flexible and individualized than center-based care. Discussions of policies and programs about what parents want and need would benefit from gathering parent perspectives and could include broad definitions of what quality child care looks like.

- **Understand the role FFN care plays in both meeting the needs of families and offering early care and education to children, especially children and parents with fewer resources.** There is a need to raise awareness amongst state policy makers and others in decision-making positions that FFN care helps fill the gap for families with fewer resources. FFN care can be an equalizer for children with fewer opportunities. There is evidence that indicates that high quality ECE, which is often characterized by having loving adults provide safe and stimulating environments, is beneficial to children’s academic, social, physical, and emotional development and may set the stage for children’s future success.¹⁸ However, children across the nation, but especially those living in communities with high concentrations of poverty, do not have equal access to resources and child care that support their development.¹⁹ High quality FFN, which is based in trusting, responsive relationships, can fill this gap by offering children opportunities to thrive.
- **Develop policies and programs to enhance quality by subsidizing FFN care and offering low cost, accessible resources and trainings to providers.** Programs and policies should be developed that focus on current strengths while addressing barriers FFN providers face due to racism, documentation status, and sexism. As noted in the report, FFN providers seek additional trainings and resources. FFN providers often have years of experience, but they may not have formal early childhood education training and sometimes lack access to resources and supports to enhance the care they offer. Policies and programs could engage efforts to increase FFN providers’ access to affordable resources to enhance the care they offer to children and families. Additionally, state policy makers should consider increasing FFN providers’ access to state child care subsidies and increase the value of the subsidy. The barriers that FFN providers face can limit their access to subsidized resources. FFN providers in our study noted they face barriers in enhancing the quality of their care. Solutions to engage providers and/or offer additional resources, funding and supports should acknowledge the barriers faced by some FFN providers and develop policies that both consider those barriers and work to overcome them.
- **Attempts to assess FFN quality (as part of statewide QRIS initiatives or as a condition of receipt of child care subsidies) need to carefully consider the nuances of FFN care as compared to center-based care.** Systematic reviews of child care assessment measures suggest that there are over two dozen diverse assessment tools used in FFN or home-based child care settings.²⁰ However, many of the widely used measures of FFN care quality have their origins in quality measures developed for centers and might not capture features of care that families, researchers and providers associate with quality.²¹ While some of the unique features of FFN care might be represented in the current measures (such as indicators of provider-child relationships or provider-family relationships), there is a dearth of measures that can be used explicitly to assess quality in FFN care. One measure that has potential to address these gaps is the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CIT; formerly Q-CCIIT) observation tool.²² The Q-CIT examines key features of this study’s conceptual framework and focuses on the responsiveness of caregivers and the indicators of quality interactions in caregiver-child relationships. This tool was adapted for use in FFN settings and was piloted in novel settings such as playgroups and library story groups designed specifically for FFN caregivers and children.²³ As a potential next step, a future study might include using a tool such as

¹⁸ National Academies of Sciences, Engineering, and Medicine 2023

¹⁹ National Academies of Sciences, Engineering, and Medicine 2023

²⁰ Doran et al 2022

²¹ Doran et al 2022

²² Atkins-Burnett et al 2021

²³ Shah et al 2019

the Q-CIT in FFN settings and determine how the tool might capture aspects of quality that are unique to FFN care.

Provider Profile: Alicia and Maria (neighbor and friend)²⁴

Many years ago, when Alicia lived in Mexico, she dreamt of setting up a place where mothers could leave their children so they could work. In America, years later, her dream became true. This journey began 12 years ago when she offered to care for her granddaughter, which enabled her daughter to work because her daughter had no access to other child care options. Since then, Alicia has cared for the children of family, friends, and neighbors in her home.

Maria, a friend and neighbor, has had a long-standing relationship with Alicia. When she saw Alicia in their neighborhood's playground, she often wondered why young children always surrounded her. She soon learned that Alicia was a child care provider for many families in the neighborhood. When Maria's son was 3 and she returned to work, she chose Alicia to care for her little one, now 12 years old. More recently, Maria once again chose Alicia to care for her energetic 2-year-old. Maria loved the care her older child received and wanted her younger child to learn Spanish.

Alicia worked to create a safe space for children to learn and build their confidence. She had heard from other parents that they valued the quality education that Alicia gave children from such a young age and were in awe of how advanced their children were by the time they started school, which was a source of pride for Alicia. Maria considered Alicia to be a mother figure, and an angel that she and her husband trusted to provide the best care for their son even through hard times. When Maria was sick with COVID, Alicia generously offered to take care of her son in her own home for a couple of days to try to prevent the child from getting ill. Maria was grateful for Alicia, and she planned to keep her son in her care until he started preschool or kindergarten.

Alicia's work was not easy, but she loved it. She prepared herself and planned for each day, instilled routine in children, and approached her work with patience and joy. She didn't know if she would always be able to provide care, but she hoped to see her role over the years evolve to that of a "grandmother," playing with and reading stories to the children.

²⁴ All names have been de-identified. The information presented in these profiles comes from the interviews, but we have taken some liberties to combine information from several interviews to create these profiles.

References

- Angus, M.H., J. Thomas, M. Hossain, N. Siddiqui, C.J. Johnson, D. Gonzalez, and P. Del Grosso. “Supporting Informal Providers in Detroit.” Ann Arbor, MI: Mathematica Policy Research, August 2021.
- Atkins-Burnett, S., S. Monahan, L. Tarullo, Y. Xue, E. Cavadel, L. Malone, and L. Akers. “Measuring the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT).” OPRE Report #2015-13. Office of Planning, Research, and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services, January 2015.
- Atkins-Burnett, Sally, Shannon Monahan, Louisa Tarullo, Elizabeth Cavadel, Ashley Kopack Klein, and Lizabeth Malone (2021). *The QCIT Instrument: Quality of Care for Infants and Toddlers*. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U. S. Department of Health and Human Services.
- Blasberg, A., J. Bromer, C. Nugent, T. Porter, E.M. Shivers, H. Tonyan, K. Tout, and B. Weber. “A Conceptual Model for Quality in Home-Based Child Care.” OPRE Report #2019-37. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, March 2019.
- Bromer, J., T. Porter, C. Jones, M. Ragonese-Barnes, and J. Orland. “Quality in Home-Based Child Care: A Review of Selected Literature.” OPRE Report #2021-136. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, September 2021.
- Doran, Elizabeth, Ann Li, Sally Atkins-Burnett, Jasmine Forde, Jaimie Orland, Marina Ragonese-Barnes, Nathan Mix, Natalie Reid, and Ashley Kopack Klein (2022). *Compendium of Measures and Indicators of Home-Based Child Care Quality*. OPRE Report #2022-28. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Gordon, R.A., A.C. Colaner, M.L. Usdansky, and C. Melgar. “Beyond an ‘Either–Or’ Approach to Home- and Center-Based Child Care: Comparing Children and Families Who Combine Care Types with Those Who Use Just One.” *Early Childhood Research Quarterly*, vol. 28, no. 4, 2013, pp. 918–935. <https://doi.org/10.1016/j.ecresq.2013.05.007>.
- Halle, T., R. Anderson, A. Blasberg, A. Chrisler, and S. Simkin. “Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT): A Review of the Literature.” OPRE Report #2011-25. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2011.
- Hemmeter, M.L., M. Ostrosky, and L. Fox. “Social and Emotional Foundations for Early Learning: A Conceptual Model for Intervention.” *School Psychology Review*, vol. 35, no. 4, 2006, pp. 583–601.
- Laursen, B., and C. Hafen. “Future Directions in the Study of Close Relationships: Conflict is Bad (Except When It’s Not).” *Social Development*, vol. 19, no. 4, 2011, pp. 858–872.
- Lingan, J. “Connected at the Table: The Importance of Family Meals.” Child Trends blog, April 7, 2016. <https://www.childtrends.org/blog/connected-at-the-table-the-importance-of-family-meals#:~:text=Eating%20together%20can%20improve%20parent,been%20tied%20to%20improved%20literacy.>

- Longo, F., C. McPherran Lombardi, and E. Dearing. “Family Investments in Low-Income Children’s Achievement and Socioemotional Functioning.” *Developmental Psychology*, vol. 53, no. 12, 2017, pp. 2273.
- National Academies of Sciences, Engineering, and Medicine. 2023. Closing the Opportunity Gap for Young Children. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26743>.
- National Survey of Early Care and Education Project Team. “Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education.” OPRE Report #2016-13. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, May 2016.
- Porter, T., D. Paulsell, P. Del Grosso, S. Avellar, R. Hass, and L. Vuong. “A Review of the Literature on Home-Based Child Care: Implications for Future Directions.” Washington, DC: Mathematica Policy Research, January 2010.
- Sandstrom, H., E. Greenberg, T. Derrick-Mills, C. Lou, S. Adelstein, C. Runes, A. Hong, et al. “Nontraditional-Hour Child Care in the District of Columbia.” Urban Institute, November 2018.
- Satkowski, L., R. Banik, and S. Roubeni. “Latina Women in the United States: Child Care Preferences and Arrangements.” *Journal of Applied Research on Children*, vol. 7, no. 2, 2016, pp. 1–41.
- Shah, Harshini, Ashley Kopack Klein, Jaime Thomas, Erika Takada, and Giannina Fehler-Cabral. “Measuring Quality in Family, Friend, and Neighbor Settings.” Submitted to The David and Lucile Packard Foundation. Oakland, CA: Mathematica and Engage R+D, 2019.
- Swartz, M.I., and M.A. Easterbrooks. “The Role of Parent, Provider, and Child Characteristics in Parent–Provider Relationships in Infant and Toddler Classrooms.” *Early Education and Development*, vol. 25, no. 4, 2014, pp. 573–598. doi:10.1080/10409289.2013.822229.
- Thomas, J., K. Boller, C. Jacobs Johnson, M. Young, and M. Hu. “Setting the Stage: The Importance of Informal Child Care in California.” Princeton, NJ: Mathematica Policy Research, 2015.
- Thomas, J., M. Hossain, C. Jacobs Johnson, N. Siddiqui, A. Osuoha, and P. Balke. “Informal Child Care in Detroit.” Issue brief. Princeton, NJ: Mathematica Policy Research, 2017.
- Werner, C.D., M. Linting, H.J. Vermeer, and M.H. Van IJzendoorn. “Do Intervention Programs in Child Care Promote the Quality of Caregiver-Child Interactions? A Meta-Analysis of Randomized Controlled Trials.” *Prevention Science*, vol. 17, no. 2, 2016, pp. 259–273.

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